



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

AGRICULTURAL SERVICES DIVISION

523 East Capitol Avenue

Pierre, SD 57501

Phone: 605.773.4432 Fax: 605.773.3481

sdda.sd.gov

APPLICATION FOR BULK PESTICIDE STORAGE FACILITY PERMIT

Firm making application

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Firm who will operate the facility

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Firm who will construct, install, or modify site

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

☐ New facility ☐ Existing facility ☐ Substantially altering existing facility

Location of site

County: _____ City: _____

Legal description or GPS coordinates of facility location

(Q4): _____ ¼ of the (Q3) _____ ¼ of the (Q2) _____ ¼ of the (Q1) _____

¼ section # _____ of Township # _____ of Range # _____ GPS _____

Does the construction require a local permit? If yes, please submit a copy.

☐ Yes ☐ No

Size of lot owned or leased: _____

Nature of terrain (check one):

☐ Level area

☐ Hillside or steep slope

☐ Natural depression with no outlet

☐ Valley

☐ Hilltop

☐ Slight slope

Type of primary storage containers (steel, poly, etc.): _____

Number and capacity of primary storage containers:

New _____ Existing _____ Substantially Altering _____

Identify the name and approx. distance to nearby surface water (i.e. lake, stream, drainage ditch, or storm drain) into which liquid could flow:

Identify the general soil type at the site (i.e. clay, gravel, sand, loam) and type, depth, and proximity of wells and aquifers on or near site:

With this application, please submit two scale drawings of plans and specifications for the facility, along with the location of other storage containers and buildings. Include length, width, and wall height (inside dimensions) of the containment area. Additionally, state the diameter and height of each storage tank to be contained. Additionally, please submit two copies of a plumbing diagram for facility showing location and type of pumps and valves used to control all transferring.

I, _____, certify that the information submitted is true and correct.

Signature: _____ Title: _____ Date: _____

OFFICE USE ONLY

Reviewed by: _____

Date: _____

Revised 1/19